



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE (MM/DD/YYYY)
09/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Virginia, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED M. C. Dean, Inc. 1765 Greensboro Station Place Suite 100, Tower 1 Mc Lean, VA 22102	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company of Ame INSURER B: Travelers Indemnity Company of America INSURER C: Charter Oak Fire Insurance Company INSURER D: INSURER E: INSURER F:
	NAIC # 25674 25666 25615

COVERAGES**CERTIFICATE NUMBER:** W12489898**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			(b) (4)	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			(b) (4)	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			(b) (4)	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	(b) (4)	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation & Employers Liability (AZ, MA, OR, WI) WC - Per Statute			(b) (4)	03/01/2019	03/01/2020	E.L. Each Accident \$1,000,000 E.L. Disease Pol Lmt \$1,000,000 E.L. Disease Ea Emp \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Hensel Phelps Construction Co 719 Church Street Nashville, TN 37203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE (b) (6)
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ACORD 25 (2016/03)

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SR ID: 18466125

BATCH: 1352725



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Virginia, Inc.		NAMED INSURED M. C. Dean, Inc. 1765 Greensboro Station Place Suite 100, Tower 1 Mc Lean, VA 22102	
POLICY NUMBER See Page 1			
CARRIER See Page 1	NAIC CODE See Page 1		
		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

MCD Reference: 183308.CON / Nashville Federal Courthouse / GSA / (b) (4) For materials stored at MC Dean, Inc.
 Caroline County Warehouse located at 12500 Mickey's Way, Ruther G 7 Bull Church Road, Caroline County,
 VA.

INSURER AFFORDI Property Casualty Company of America **NAIC#:** 25674
POLICY NUMBER: (b) (4) **EFF DATE:** 03/01/2019 **EXP DATE:** 03/01/2020

TYPE OF INSURANCE: Installation Floater **LIMIT DESCRIPTION:** See Below **LIMIT AMOUNT:**

ADDITIONAL REMARKS:

Installation Floater - Job Site Level Conditions, Coverage and Limits

Installation of Property usual to an electrical contractor at various job-sites.
 Basic Limit of Insurance \$10,000,000; Ded \$25,000 (Per Occurrence)
 Specified Machinery Included; Ded \$25,000 (Per Occurrence)
 Installation Floater includes Rigger's Coverage.

Maximum Amount of Payment \$10,000,000 (Aggregate)
 Temporary Storage \$10,000,000 (Per Occurrence)
 Transit \$10,000,000 (Per Occurrence)
 Earth Movement Annual Aggregate For All Job Sites: \$10,000,000
 Flood Annual Aggregate For All Job Sites: \$10,000,000

Flood Limits of Insurance:

*Applies to job sites entirely outside of Flood Zone A, B, D, X500, V, Shaded X and XFUT: \$10,000,000
 *Applies to job sites either partially or entirely within Flood Zone B, X500 and Shaded X: \$5,000,000
 *Applies to job sites either partially or entirely within Flood Zone A, D, V, and XFUT: \$2,500,000

Flood Deductibles:

*Job sites entirely outside of Flood Zone A, B, D, X500, V Shaded X and XFUT: \$25,000
 *Job sites either partially or entirely within Flood Zone B, X500 and Shaded X: \$50,000
 *Job sites either partially or entirely within Flood Zone A, D, V and XFUT: \$100,000

Earth Movement Limits of Insurance:

*Locations not identified as Moderate and High Hazard Earth Movement counties: \$10,000,000
 *Locations identified as Moderate Hazard states and counties: \$5,000,000
 *Locations identified as High Hazard: No Coverage

Earth Movement Deductibles:

*Locations not identified in Moderate and High Hazard Earth Movement counties or states: \$25,000
 *Locations identified as Moderate or High Hazard Earth Movement counties or states: \$50,000

Named Storm Policy Aggregate Limit: \$1,000,000 applies to all locations in High Hazard Wind Zones as defined in the policy, Puerto Rico or Any U.S. Territory or Possession
 Named Storm and Windstorm Deductible: \$50,000



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis of Virginia, Inc.		NAMED INSURED M. C. Dean, Inc. 1765 Greensboro Station Place Suite 100, Tower 1 Mc Lean, VA 22102	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America NAIC#: 25674
 POLICY NUMBER: (b) (4) EFF DATE: 03/01/2019 EXP DATE: 03/01/2020

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Property Coverage	See Below	

ADDITIONAL REMARKS:

POLICY LIMIT: \$165,000,000 per Occurrence -Building, Business Personal Property, and Business Interruption Loss
 Extra Expense \$5,000,000 per Occurrence
 All Other Property Deductible: \$100,000 / Varies
 (All Deductibles are per Occurrence unless otherwise indicated)

SUB-LIMITS / DEDUCTIBLES:

Earthquake, Volcanic Eruption, Landslide and Mine Subsidence Aggregate in any one policy year, for all losses covered under this policy, commencing with the inception date of this policy:

- Alaska, Hawaii or Puerto Rico -Excluded
- California: Limit: \$2,500,000; Deductible: 5% subject to \$250,000 minimum
- High Hazard -Excluded
- Moderate Hazard: Limit: \$2,500,000; Deductible \$100,000
- Occurring anywhere else in the Policy Territory: Limit: \$25,000,000; Deductible: \$100,000

Flood Aggregate in any one policy year, for all losses covered under this policy, commencing with the inception date of this policy:

- Zone A or Zones prefixed A: Limit: \$550,000; Deductible: \$100,000
- Zone V or Zones prefixed V -Excluded
- Zone B, Zone X(Shaded) or Zone X-500: Limit: \$10,000,000; Deductible: \$100,000
- Occurring anywhere else in the Policy Territory: Limit: \$25,000,000; Deductible: \$100,000

Windstorm or Hail: Included in Policy Limit

- Alabama, Florida, Louisiana, Mississippi, Texas: Deductible: 5% subject to \$250,000 minimum
- High Hazard Wind Areas: Deductible: 2% subject to \$100,000 minimum
- Occurring anywhere else in the Policy Territory: Deductible: \$100,000

Unreported Premises - Direct Damage:

- Per location, in any one occurrence: Limit: \$5,000,000
- Maximum at all Unreported Premises, in any one occurrence: Limit: \$5,000,000

Waiver of Subrogation Included as per written agreement prior to loss (Excludes waiving subrogation rights for property in transit under the property policy.)